relatively little time available to talk to their inpatients because they are responsible for patients in several hospitals and are also concerned in work in the community, which may be particularly time consuming. Psychiatric firms usually have one junior trainee per site (or part of one), and there are no housemen, so on call duties are shared by SHOs/registrars, whose posts usually coalesce to form training programmes involving enough firms and units to allow varied experience in a rotating scheme.

Cuts in the numbers of junior psychiatric training posts are being proposed in many places and in some cases are draconian. If these numbers are reduced in this way without either a significant increase in consultant numbers or a commensurate increase in non-trainee junior posts then the standard of service may decline unacceptably in many places. Some regions err in supposing that manpower needs and use in psychiatry are essentially the same as in medical and surgical specialties.

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How accurate are quotations and references in medical journals?

SIR,—May I congratulate Dr Gerald de Lacey and his colleagues on their extremely interesting and important paper (28 September, p 884). They have adopted detailed methods which could be copied with advantage by other investigators in this subject. However, by concentrating on papers which have already been copy edited they perforce underestimate the proportion of inaccuracies in quotations and references in any paper. As a part time copy editor of a clinical pharmacology journal, I would estimate that a reasonably competent copy editor would spot and query at least 10% of references as being inaccurate—more if the Harvard reference system is used—catching such points as dates of publication, spelling of authors' and journals' names, etc.

Recently I edited two publications, including checking the references back to their original source. One, with some 380 references, was the report of a meeting and the second, with nearly 200 references, a training manual for laboratory technicians of Third World countries. While not maintaining such an accurate statistical analysis as Dr de Lacey, I estimate that at least half of the references of the first paper, written by a committee, and 30% of the references of the second paper, written by a single author, showed some inaccuracies. Perhaps the most extreme example was a quotation from an article written in 1918, which was found to refer to the control of vegetation in the Mississippi rather than to renal failure in severe malaria.

What can be done? The authors' proposal that the editors effect a random check and send the papers back for complete checking of the references when errors have been found certainly merits consideration. However, the check should not be random, but concentrated on the less recent references, which may be third or fourth hand, and the editor should request a personal check on the references by one of the authors using the original papers. Most authors obviously never check their references (though single author papers are usually better checked than are multiauthor papers) but refer the checking to their secretarial staff, who normally use *Index Medicus* or a similar reference bible and who do not usually have the scientific training to comprehend the substance of the reference material.

The points raised by Dr de Lacey and his colleagues should be incorporated in the "Instructions to authors" published by most journals.

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Fallen angels: how not to raise money for charity

SIR,—This week six hospital staff were hurt in a sponsored charity parachute jump. Their injuries were mainly sprained ankles but included a torn Achilles tendon.[1]

In one year at a north London hospital we admitted five such patients. Four were trying to raise money for hospital equipment. Two were doctors. Between them they sustained five malleolar fractures, a fractured tibia and fibula, and a fractured shaft of femur. Before jumping, they had received an average of six hours of instruction. They raised a few hundred pounds altogether, but including locum costs the notional expense of treating them was about £20 000.

In the summer of 1983 the orthopaedic unit at Winchester was deluged with so many of these "fallen angels" that routine operating had to be curtailed. Their worst case was a traumatic dislocation of the knee, leading to amputation of the leg.

These are all avoidable injuries with significant morbidity. Even if they represent only a fraction of "successful" charity jumps, they are reason to stop using this absurd way of persuading people to part with their money.

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1 Golden J. Sky-jump hospital's walking wounded. *Daily Mail* 1985;Oct 16:5.

Points

Support received by carers of elderly dependants

Dr JOHN M KELLETT (St George's Dementia Group, St George's Hospital, London SW17 0RE) writes: Our thanks are due to Drs Dee A Jones and Norman Vetter (7 September, p 643) for drawing our attention to the numbers of families who are supporting the disabled elderly in the community and for whom there appears to be an inadequate service. I would, however, question the value of placing all the disabled elderly in one category. A patient with a stroke who is immobile and requires frequent turning and physiotherapy is clearly in greater need of community nursing than a patient with dementia. On the other hand, relatives looking after a patient with dementia may be in much greater need for relief care. Whereas the stroke patient can provide plenty of reward in terms of communicating his or her gratitude, demented patients may even resent the care that they are given and heap guilt on to the tired shoulders of their carers. It is particularly distressing to see that 40% of such carers have had no holiday of a week or more within the past five years.

Epidemic of prosthetic valve endocarditis

Mr A W FOWLER (Bridgend General Hospital, Bridgend CF31 1JP) writes: The report from Dr J van den Broek and colleagues (5 October, p 949) describing an epidemic of infection in prosthetic heart valves from punctures of surgical gloves reveals one of the weaknesses of aseptic practice. Lister, whose infection rate puts most of us to shame, declared, "Asepsis in this imperfect world is not to be trusted, human carelessness and fallibility are common; it is safer to have an antiseptic."[1] Glove puncture is a constant hazard to both patient and surgeon, and for many years I have used antiseptic "chemical gloves" beneath my rubber gloves. After a short hand wash I apply a generous quantity of antiseptic (providone-iodine; Betadine), which is then rubbed in and the excess wiped off with a sterile towel before I don rubber gloves. This chemical glove will ensure that even the sweat that pours from the surgeon's hand remains sterile inside the rubber gloves. Critics often ask whether this will lead to dermatitis, but in this respect I follow the advice of Lister, who maintained that scrubbing the skin with soap and water removed the natural oils from the skin and forbad his assistants from scrubbing the skin. It is a pity that the scrubbing up ritual remains today even though we know that the skin cannot be sterilised by this means.

1 Guthrie D. *Lord Lister*. Edinburgh: Livingstone, 1949:105.

Dicyclomine hydrochloride in infantile colic

Dr MERVYN GOODMAN (Liverpool L27 7AF) writes: Dr Carl Philip Hwang and Dr Bernt Danielsson (12 October, p 1014) fail to identify the cause of infantile colic. I believe that this is due to the passage of "wind" from the baby's stomach into the large bowel, where it causes distension and pain. Until this gaseous matter is passed per rectum the symptoms will continue. Symptomatic treatment rarely succeeds; much more effective is instructing the mother in feeding technique. A hungry baby will suck vigorously at the teat and simultaneously swallow a large quantity of air, most of which the mother fails to bring up. This then passes out from the stomach through the duodenum. When this happens there is a sudden emptying of the stomach with a return of hunger. When the baby is fed again sucking is vigorous. Spoon feeding the baby for the first half to one ounce is usually successful. By the time this volume of milk has been ingested the hunger is assuaged and when the teat is reapplied and the baby is then bottle fed it sucks at a normal rate and the vicious circle is stopped.

General practitioners' advice on smoking to patients referred for barium meals

Dr M S PERRY (Neston, South Wirral L64 9XG) writes: It is unsound for Dr Peter G Preston (14 September, p 737) and Dr Myer Goldman (5 October, p 974) to criticise general practitioners for alleged ignorance of use of tobacco and alcohol and failure to advise when referring dyspeptic patients for investigation. Patients who are asked to make difficult changes in their behaviour often use denial to avoid making decisions. Advice is often an ineffectual method of inducing change. Most general practitioners will recall looking at underlined directives in their records and then, on asking the patient to recall previous discussion, eliciting a look of innocent bewilderment or a distortion of advice given. Dr Preston's survey may be less than reliable in this respect.

Services for people with head injury

Drs MARTYN J ROSE and R LLEWELLYN WOOD (Kemsley Unit, St Andrew's Hospital, Northampton) write: It is always encouraging to those working in the most demanding areas of health care to see a leading article on that topic, even if the contents reveal an almost total lack of facilities (31 August, p 557). We would like, however, to correct the comments about the Kemsley unit at St Andrew's Hospital. The Kemsley unit is a rehabilitation unit with an established record of success for people who are thought to have intractable behavioural problems but who, with appropriate management, have been shown to have considerable potential for improvement. It does not take people for long term care although it can offer rehabilitation opportunities for up to two years. Ms Gloag refers to the "few profoundly damaged people . . ." the unit can take, but this is an underestimate. Since January 1979 the unit has treated more than 100 people and turned down (as unsuitable) about 20 more.